

Robert D. Bradshaw
PO Box 473
1530 W. Trout Creek Road
Calder, Idaho 83808
Phone 208-245-1691

Plaintiff, Pro Se

FILED
Clerk
District Court

NOV 14 2005

For The Northern Mariana Islands
By _____
(Deputy Clerk)

IN THE UNITED STATES DISTRICT COURT
FOR THE
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

ROBERT D. BRADSHAW

) Case No. CV 05-0027

Plaintiff

v.

COMMONWEALTH OF THE NORTHERN
MARIANA ISLANDS (hereafter referred to
as the CNMI); L. DAVID SOSEBEE, former
Assistant Attorney General of the CNMI,
in his personal/individual capacity; et. al.
Defendants

) **AFFIDAVIT IN SUPPORT OF**
) **MOTION TO SERVE L. DAVID**
) **SOSEBEE BY PUBLICATION**
) **AND FOR A CHANGE TO THE**
) **PERIOD ALLOWED FOR**
) **SERVICE FROM 120 DAYS TO**
) **240 DAYS**

1. In the US District Court civil case 05-0027, Plaintiff attempted service of summons and process on defendant L. DAVID SOSEBEE by certified mail, return

receipt, per the CNMI CMC. Attached at Exhibit One is the front of the envelope mailed to Mr SOSEBEE. Exhibit Two is the certified mail receipt of the mailing.

2. The certified mailing was returned to the sender with the notation that two attempts were made to deliver the letter to Mr SOSEBEE and that Mr SOSEBEE refused to accept the certified mailing . The Bryan Post Office then returned the letter to the sender at Exhibit Three.

3. Previously, Mr SOSEBEE was served summons in case 05-0084 of the US District Court of Idaho and a second mailing a few days later. On May 19, 2005, he accepted service for two mailings by certified mail (See Exhibit Four). The address of Box 3185, Bryan, TX has been shown by the Texas Bar Association in 2005 to be the correct mailing address for Mr SOSEBEE.

4. The CNMI Attorney General was in contact with and provided legal assistance to Mr SOSEBEE for the action in the Idaho court which ended in July 2005 with a dismissal for lack of personal jurisdiction. Plaintiff filed notice with the court of his intention to refile the complaint with your court in Saipan. Likely, Mr SOSEBEE was notified of this event by the CNMI Attorney General.

Dated at St. Maries, Idaho, this 7th day of November 2005

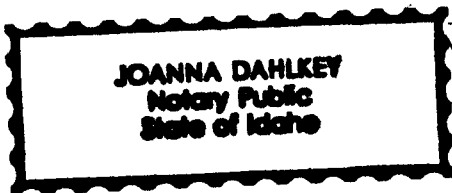


Robert D. Bradshaw
PO Box 473
Calder, ID 83808
Phone 208-245-1691

STATE OF IDAHO
COUNTY OF BENEWAH

I, Joanna Dahlkey, Notary in and for the State of
Idaho, residing at St. Maries ID do hereby certify that on
this 7th day of November 2005, personally
appeared before me Robert D. Bradshaw, to me known to be the individual described
in and who executed the within instrument for the uses and purposes herein
mentioned.

Given Under My hand and Official Seal; this 7th day of November 2005.



Joanna Dahlkey
NOTARY PUBLIC IN AND FOR THE STATE OF IDAHO

MY APPOINTMENT EXPIRES

4-10-07

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the 7th day of November 2005, I caused to be served a
true copy of the foregoing document by US Mail Postage Paid to each of the following:

Jay H. Sorensen, c/o Shanghai, PO Box 9022, Warren, MI 48090-9022
The Attorney General, 2d Floor of the Juan A. Sablan Memorial Bldg,
Caller Box 10007, Capitol Hill, Saipan, MP 96950.

Robert D. Bradshaw
Robert D. Bradshaw, Plaintiff, Pro Se



**PRIORITY
MAIL**

UNITED STATES POSTAL SERVICE

www.usps.com

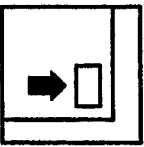
HOW TO USE:

From:



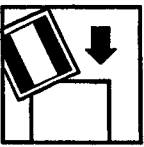
1. COMPLETE ADDRESS LABEL AREA

Type or print required return address and addressee information in customer block (white area) or on label (if provided).



2. PAYMENT METHOD

Affix postage or meter strip to area indicated in upper right hand corner.



3. ATTACH LABEL (If provided)

Remove label backing and adhere over customer address block area (white area).



Robert Bradshaw
PO Box 473
Calder, ID 83808-0473

To: L. David Joseph
PO Box 3185
Bryan, TX 77805-3185

EXHIBIT
ONE

7099 3220 0001 3672 1769

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent To:	
BRYAN TX 77805-3185	
Postage	\$ 3.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.90

CALDER
OCT
12
2005
USPS

Name (Please Print Clearly) (To be completed by mailer)
L. DAVID JOSEPH

Street, Apt. No.; or PO Box No.
PO Box 3185

City, State, ZIP+4
BRYAN TX 77805-3185

PS Form 3800, July 1999 See Reverse for Instructions

EXHIBIT
Two

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

L. DAVID JOSEBEE
PO Box 3185
BRYAN, TX 77805-3185

2. Article Number

(Transfer from service label)

7099 3220 0001 3672 1769

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

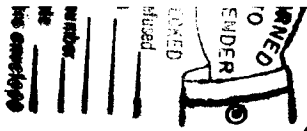
C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

dshaw
3808-0473

7099 3220 0001 3672 1769



CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

www.usps.com

Pull To Open

FOR PICKUP ONLY



Unclaimed
Notice
10/15/05

PO Box 3185
Bryan, TX 77805-3185

Oct 17 2005

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>David Josebee</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>L. DAVID JOSEBEE</i> <i>Box 3185</i> <i>BRYAN, TX 77805-3185</i>		B. Received by (Printed Name) <i>DAVID JOSEBEE</i> C. Date of Delivery <i>5/19</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) <i>7099 3220 0001 3672 11644</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, August 2001		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes Domestic Return Receipt 102595-02-M-1035	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>David Josebee</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>L. DAVID</i> <i>JOSEBEE</i> <i>Box 3185</i> <i>BRYAN TX 77805</i>		B. Received by (Printed Name) <i>DAVID JOSEBEE</i> C. Date of Delivery <i>5/19</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) <i>7003 3110 0000 3399 0753</i>		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes Domestic Return Receipt 102595-02-M-1540	

EXHIBIT FOUR